

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-019032

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. **31** Primary Registration District No. **2107** Registrar's No. **14**

VS 300
Rev. 4/59

1 **0080**

2 **0080**

3

4 **0**

5 **2**

6

7 **0**

8 **0**

9 **3222**

10

11

12 **90-3**

13 **2-0**

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

7 **Married**
14 **Elsie Edwards (Stevens)**

DATE AMENDED

2-20-64
2-20-64

DOCUMENT

BY AFFIDAVIT OF Funeral Director

MEDICAL CERTIFICATION

FILED MAY 21 1963

1. PLACE OF DEATH

a. COUNTY **Benton**

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN **West White**

Length of stay in lb
15 yrs

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION **12 miles South of Windsor, Mo.**

Inside Limits
Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Mo.** b. COUNTY **Benton**

c. CITY OR TOWN **Rt. #4, Windsor**

Inside Limits
Yes ☐ No ☒

d. STREET ADDRESS **12 miles South of Windsor**

Reside on Farm
Yes ☐ No ☐

3. NAME OF DECEASED (Type or print):

First **GEORGE** Middle **H.** Last **STEVENS**

4. DATE OF DEATH
Month **May** Day **11** Year **1963**

5. SEX **Male**

6. COLOR OR RACE **White**

7. Married ☒ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH **7/16/1922**

9. AGE (last birthday) **70**

IF UNDER 1 YEAR: Months Days

IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
farmer

10b. KIND OF BUSINESS OR INDUSTRY
farming

11. BIRTHPLACE (City and state or country)
Benton County, Mo.

12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

Frank L. Stevens

13b. MOTHER'S MAIDEN NAME

Addie Evelyn Wynn

14. NAME OF HUSBAND OR WIFE

Sylvia Adams

15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates)
No

16. SOCIAL SECURITY NO.

17. INFORMANT
Mrs. W.L. Duncan, 3028 Hedges, Independence, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Acute Circulatory Failure

INTERVAL BETWEEN ONSET AND DEATH
Minutes

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Alcoholism

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour **6:00** a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **never** to **never** and last saw him alive on **never**
Death occurred at **6:00 p.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

John F. Reser (Benton Co Coroner)

Warsaw, Mo.

5/13/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

Burial

5-14/63

Laurel Oak Cemetery

Windsor, Missouri

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Ellis M. Huston, Windsor, Mo.

5/15/63

E. H. Eickroft

USE BLACK INK

OR

TYPEWRITER RIBBON

MAY 27 1963

JAN 15 1964

FEB 14 1964

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Ellis M. Hurston

Licensed Embalmer No. 3391

P. O. Address Windsor Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.